



Allied Health • Audiology and Hearing Aids

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Contents

Medi-Cal Training Seminars

Exceptions to Submitting CIFs..... 1

CCS/GHPP SAR

Exceptions Update 1

CHDP 2006 Poverty Level

Income Guidelines..... 2

Exceptions to Submitting CIFs

Providers are reminded not to submit *Claims Inquiry Forms* (CIFs) for the following Remittance Advice Details (RAD) code messages, unless information on the CIF specifically addresses the denial reason. For example, if the denial was 002, but an error is found in the recipient ID on the original claim, this would be an appropriate CIF, with a changed recipient ID. However, if providers wish to challenge the determination, a CIF will result in the same denial. A review by a person in the appeals unit is the only way of resolving denials if the claim has a unique circumstance needing human intervention.

<u>Code</u>	<u>Message</u>
0002	The recipient is not eligible for benefits under the Medi-Cal program or other special programs.
0010	This service is a duplicate of a previously paid claim.
0072	This service is included in another procedure code billed on the same date of service.
0095	This service is not payable due to a procedure, or procedure and modifier, previously reimbursed.
0314	Recipient not eligible for the month of service billed.
0326	Another procedure with a primary surgeon modifier has been previously paid for the same recipient on the same date of service.

The updated information is reflected on manual replacement page [cif co 2](#) (Part 2).

CCS/GHPP SAR Exceptions Update

Effective for dates of service on or after April 1, 2006, California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) providers need a separate Service Authorization Request (SAR) for the following drugs, factors and nutritional products:

- Anti-Inhibitors (J7198)
- Factor VIIa Recombinant (Q0187)
- Minerals/Protein Replacements/Supplements
- Sildenafil
- Tadalafil
- Vardenafil
- Von Willebrand Factors (Q2022)

In addition, effective for dates of service on or after April 1, 2006, Factor VIIa Recombinant should be billed using HCPCS code Q0187. HCPCS code Z5230 will no longer be an active code.

This updated information is reflected on manual replacement page [cal child sar 6](#) (Part 2).

CHDP 2006 Poverty Level Income Guidelines

The 2006 Federal Poverty Income Guidelines are effective April 1, 2006 through March 31, 2007. The guidelines are used to determine eligibility for the Child Health and Disability Prevention (CHDP) program. Applicants are eligible if their gross family incomes are at or below the revised poverty levels shown in the following chart.

For additional CHDP information, call the Telephone Service Center (TSC) at 1-800-541-5555.

FEDERAL POVERTY INCOME GUIDELINES
200 Percent of Poverty by Family Size

Number of Persons	Gross Monthly Income	Gross Annual Income
1	\$ 1,634	\$ 19,600
2	\$ 2,200	\$ 26,400
3	\$ 2,767	\$ 33,200
4	\$ 3,334	\$ 40,000
5	\$ 3,900	\$ 46,800
6	\$ 4,467	\$ 53,600
7	\$ 5,034	\$ 60,400
8	\$ 5,600	\$ 67,200
9	\$ 6,167	\$ 74,000
10	\$ 6,734	\$ 80,800
For each additional person, add	\$ 567	\$ 6,800

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Remove and replace: cal child sar 5/6

Remove: cif co 1 thru 10

Insert: cif co 1 thru 11

Remove and replace: tax 7/8 *